





PTO/SB/22 (09-06)
Approved for use through 03/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 0630-1903P				
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		0630-	1903P			
Application Number 10/748,297-Conf. #	8434	Filed Dece	mber 31, 2003			
For SUCTION HEAD FOR VACUUM CLEANER						
Art Unit 1744		Examiner	T. R. Till			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.						
The requested extension and fee are as follows (check	time period desi	red and enter the appr	opriate fee below):			
X One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$ 120.00			
Two months (37 CFR 1.17(a)(2))	\$450	\$225	s ———			
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$			
Four months (37 CFR 1.17(a)(4))	\$1590	\$7 95	\$			
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$			
Applicant claims small entity status. See 37 CFR 1.27.						
X A check in the amount of the fee is enclosed.						
Payment by credit card. Form PTO-2038 is attached.						
The Director has already been authorized to ch	arge fees in this a	application to a Deposi	t Account.			
X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to						
Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet.						
I am the applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
x attorney or agent of record. Re	gistration Number	39,538	_			
attorney or agent µnder 37 CFR 1.34.						
Registration number if acting und	er 37 CFR 1.34		— ·			
James 1. Cly, Gl		January _ Da	 			
James T. Eller, Jr.						
Typed or printed name		(703) 205-8000 Telephone Number				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
Total of forms are submit	ted.					

01/30/2007 SZEWDIE1 00000090 10748297

01 FC:1251

120.00 OP

PTO/SB/17 (07-08)

Approved for use through 01/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless at displays a valid OMB control number.

FEE TRANSMITTAL FOR FY 2006 Applicant claims small entity status. See 37 CFR 1.27 Applicant Claims small entity status. See 37 CFR 1.27 At Unit Applicant Claims small entity status. See 37 CFR 1.27 At Unit TOTAL AMOUNT OF PAYMENT (\$) 720.00 Attorney Docket No. Other (please identify): Deposit Account Deposit Account, the Director is hereby authorized for (check all that apply) To the above-identified deposit account, the Director is hereby authorized for (check all that apply) To the above-identified deposit account, the Director is hereby authorized for (check all that apply) To the above-identified deposit account, the Director is hereby authorized for (check all that apply) To the above-identified deposit account, the Director is hereby authorized for (check all that apply) Charge fee(s) indicated below To charge fee(s) indicated below To credit any overpayments FILING FEES SEARCH	Effective on 12/08/2004,	Complete if Known						
First Named Inventor Jun-Young LIM	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			onf. #8434				
First Named Invertor Sum-Young LIM	FEE TRANSMITTAL	Filing Date	December 31, 2003					
Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor		1				
METHOD OF PAYMENT (check all that apply) X Check	101112000	Examiner Name	T. R. Till					
METHOD OF PAYMENT (check all that apply) X Check		Art Unit						
None	TOTAL AMOUNT OF PAYMENT (\$) 720.00	Attorney Docket No.	0630-1903P					
Deposit Account Deposit Account Number: D2-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	METHOD OF PAYMENT (check all that apply)	METHOD OF PAYMENT (check all that apply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee to Charge fee(s) indicated below, except for the filing fee to Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee (\$	x Check Credit Card Money Order Other (please identify):							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee	Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments	For the above-identified deposit account, the Director is	hereby authorized to: (ch	eck all that apply)					
FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Fee (\$) Fee	Charge fee(s) indicated below	Charge fee(s) in	ndicated below, ex	ccept for the filing fee				
SEARCH SEARCH SEARCH SEARCH SEARCH FEES SEARCH FEES Small Entity Fee (\$) F		f x Credit any over	payments					
FILING FEES Small Entity Fee (\$) Fee (FEE CALCULATION	· · · · · · · · · · · · · · · · · · ·		-				
Application Type	1. BASIC FILING, SEARCH, AND EXAMINATION FEES	······································						
Application Type								
Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 Provisional 200 100 0 0 Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) G				Fees Paid (\$)				
Plant 200 100 300 150 160 80								
Plant 200 100 300 150 160 80	Design 200 100 100	50 130	65					
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claims 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Multiple Dependent Claims Fee (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE								
Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claims over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE								
Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) AUUtiple Dependent Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) APPLICATION SIZE FEE	Provisional 200 100 0							
Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE			· ·	Small Entity				
Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. Multiple Dependent Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) APPLICATION SIZE FEE	Fee Description Fee (\$) Fee (\$)							
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 12	, , ,							
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 12								
HP = highest number of total claims paid for, if greater than 20. Indep. Claims		5.1.17 6 5						
HP = highest number of total claims paid for, if greater than 20. Indep. Claims								
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 6 -3 = 3 × 200.00 = 600.00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE		<u>'</u>	- <u>ee (\$)</u> <u>r</u>	-ee Paid (\$)				
6 -3 = 3 × 200.00 = 600.00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)	Total Sheets Extra Sheets Number of each a		eof <u>Fee (\$)</u>	Fee Paid (\$)				
100 = /50 (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00								
SUBMITTED BY / AM	SUBMITTED BY / A A A							
Signature Registration No. (Attorney/Agent) 39,538 Telephone (703) 205-8000	Signature Jamy 1, Elly J		Telephone	(703) 205-8000				
Name (Print/Type) dames T. Eller, Jr. Date January 29, 2007	Name (Print/Type) James T. Eller, Jr.		Date	January 29, 2007				

JTE/RJW/kj